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June 29, 2021

Ms. Jocelyn Boyd
Chief Clerk and Administrator
South Carolina Public Service Commission
Synergy Business Park, The Saluda Building
101 Executive Center Drive
Columbia, South Carolina 29210

**Re: Horry Telephone Cooperative, Incorporated FCC Form 481
Docket Nos. 2018-346-C and 2021-14-C**

Dear Ms. Boyd:

Enclosed for filing on behalf of Horry Telephone Cooperative, Inc. ("HTC"), please find a copy of FCC Form 481 filed by HTC for the CAF Phase II Funded Areas for which HTC was designated as an eligible telecommunications carrier in the above-referenced docket.

This information is being filed to comply with the Commission's instruction in order No. 2019-48-(A) directing HTC to make available to the Commission and to ORS all reports it is required to file with the FCC in connection with the CAF Phase II funding for the Funded Areas.

Please let me know if you have any questions.

Sincerely,

Burr & Forman LLP

/s/ Margaret M. Fox

Margaret M. Fox

MMF:khh

Attachment

cc: Jeffrey M. Nelson, Esquire, ORS (via e-mail)
Jamie Ponder, Horry Telephone Cooperative, Inc.

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
December 2020

<010>	Study Area Code	249035
<015>	Study Area Name	Horry Telephone Cooperative
<020>	Program Year	2022
<030>	Contact Name: Person USAC should contact with questions about this data	Karen Fulmer
<035>	Contact Telephone Number: . Number of the person identified in data line <030>	8433698380 ext .
<039>	Contact Email Address: Email of the person identified in data line <030>	Karen.Fulmer@htcinc.net
	Form Type	54.313 and 54.422

<010>	Study Area Code	249035
<015>	Study Area Name	Horry Telephone Cooperative
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Karen Fulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433698380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Karen.Fulmer@htcinc.net

[illegible]

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
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<010>	Study Area Code	249035
<015>	Study Area Name	Horry Telephone Cooperative
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Karen Fulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433698380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Karen.Fulmer@htccinc.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	

(500) Compliance With Service Quality Standards and Consumer Protection Rules		PCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		December 2020
<010>	Study Area Code	249035
<015>	Study Area Name	Horry Telephone Cooperative
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Karen Pulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433698380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Karen.Pulmer@htcinc.net
<515>	Certify compliance with applicable minimum service standards	

[600] Functionality in Emergency Situations Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	249035
<015>	Study Area Name	Bolton Telephone Cooperative
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	Karen Pulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433608380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Karen.Pulmer@tccinc.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	249035SC610.pdf

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**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
December 2020

<010>	Study Area Code	249035
<015>	Study Area Name	Horry Telephone Cooperative
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Karen Fulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	6433698380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Karen.Fulmer@htcinc.net
<900>	Does the filing entity offer tribal land services? (Y/N)	No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:

- | Select
Yes or No or
Not Applicable |
|--|
| <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. |
| <922> Feasibility and sustainability planning; |
| <923> Marketing services in a culturally sensitive manner; |
| <924> Compliance with Rights of way processes |
| <925> Compliance with Land Use permitting requirements |
| <926> Compliance with Facilities Siting rules |
| <927> Compliance with Environmental Review processes |
| <928> Compliance with Cultural Preservation review processes |
| <929> Compliance with Tribal Business and Licensing requirements. |

Select
Yes or No or
Not Applicable

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
December 2020

<010>	Study Area Code	249035
<015>	Study Area Name	Horry Telephone Cooperative
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Karen Fulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433698380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Karen.Fulmer@htcinc.net

<1000> Voice services rate comparability certification Not Applicable

<1010> Attach detailed description for voice services rate comparability compliance 249035SC1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Not Applicable - Please explain in the attachment to Line 1030

<1030> Attach detailed description for broadband comparability compliance 249035SC1030.pdf

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
December 2020

<010>	Study Area Code	249035
<015>	Study Area Name	Horry Telephone Cooperative
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Karen Pulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433698390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Karen.Pulmer@htcinc.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
December 2020

<010>	Study Area Code	249035
<015>	Study Area Name	Horry Telephone Cooperative
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Karen Pulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433698380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Karen.Pulmer@htcinc.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

2490358C1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2005) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
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<010> Study Area Code	249035
<015> Study Area Name	Horry Telephone Cooperative
<020> Program Year	2022
<030> Contact Name - Person USAC should contact regarding this data	Karen Fulmer
<035> Contact Telephone Number - Number of person identified in data line <030>	8433698380 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Karen.Fulmer@htcinc.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR 54.313(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2018.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

Connect America Phase II – FCC Form 470 Postings

<2019> For the filing due July 1 following full implementation of this requirement, answer yes, no, or not applicable to this certification request

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	249035
<015>	Study Area Name	Horry Telephone Cooperative
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Karen Fulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433698380 ext .
<039>	Contact Email Address - Email Address of person identified in data line <030>	Karen.Fulmer@htcinc.net

(3007) Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator?

(3007a)	(3007b)
Name of Consultant	Name of Consultant Firm/Third Party

(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
December 2020

<010>	Study Area Code	249035
<015>	Study Area Name	Horry Telephone Cooperative
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Karen Fulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433698380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Karen.Fulmer@htcinc.net

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations (47 CFR § 54.313(f)(1)(i))			
(3010B)	Please Provide Attachment Rate-of-Return Community Anchor Institutions	Name of Attached Document Listing Required Information		
(3012A)	Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.			
(3012B)	Please Provide Attachment Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(f)(1)(iii)	Name of Attached Document Listing Required Information		
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No)	<input type="radio"/> <input type="radio"/>	
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	(Yes/No)	<input type="radio"/> <input type="radio"/>	
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>	
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>	
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information		
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	(Yes/No)	<input type="radio"/> <input type="radio"/>	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>	
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>	
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>	
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>	
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>	
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information		

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0966/OMB Control No. 3060-0819
	December 2020

<010> Study Area Code	249035
<015> Study Area Name	Horry Telephone Cooperative
<020> Program Year	2022
<030> Contact Name - Person USAC should contact regarding this data	Karen Pulmer
<035> Contact Telephone Number - Number of person identified in data line <030>	8433698380 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Karen.Pulmer@htcinc.net

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

**(4005) Rural Broadband Experiment Additional Documentation
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

December 2020

<010>	Study Area Code	249035
<015>	Study Area Name	Horry Telephone Cooperative
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Karen Pulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	253-993-2222 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	Karen.Pulmer@htcinc.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

RBE Community Anchor Institutions

<4003a> Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year

<4003b> Please Provide Attachment: Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by FCC 14-98 (paragraph 79)

Name of Attached Document Listing Required Information

**(6005) Phase II Auction Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

December 2020

<010>	Study Area Code	249035
<015>	Study Area Name	Morry Telephone Cooperative
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Karen Palmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	847.746.385 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Karen.Palmer@hccinc.net

<6010> Enter the total amount of Phase II Auction Support, if any, the carrier used for capital expenditures

23349.0

Phase II Auction and New York Funds Certification

<6011> Certify (either yes or no) regarding whether the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided starting the first July 1st after receiving support until the recipient's penultimate year of support

(Yes/No)

Yes

Phase II Auction Community Anchor Institutions

<6012a> Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year

No - No New Community Anchors

<6012b> Please Provide Attachment Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by FCC 14-98 (paragraph 79)

Name of Attached
Document Listing Required
Information

Phase II Auction FCC Form 470 Postings

<6013> For the filing due July 1 following full implementation of this requirement answer yes or no to this certification request

No

Phase II Auction Post-Final Deployment Milestone Performance Certification

<6014> Starting the first July 1st after meeting the final service milestone, certify (yes or no) that the Phase II-funded network that the Phase II auction recipient operated in the prior year meets the relevant performance requirements in § 54.309

No

(7005) Phase-Down Support Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0985/OMB Control No. 3060-0819

December 2020

<010>	Study Area Code	249035
<015>	Study Area Name	Horry Telephone Cooperative
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Karen Pulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	410.325.3333 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Karen.Pulmer@htcinc.net

<7010> Phase II Auction recipient performance requirements certification (Yes/No)

**(8005) Uniendo a Puerto Rico Fixed and Mobile Funds Certification
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

December 2020

<010>	Study Area Code	249035
<015>	Study Area Name	Horry Telephone Cooperative
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Karen Pulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	4433599740
<039>	Contact Email Address - Email Address of person identified in data line <030>	Karen.Pulmer@hccinc.net

<8010> Uniendo a Puerto Rico Stage 2 Fixed – Capital Expenditures

Enter the total amount of Uniendo a Puerto Rico Stage 2 fixed support, if any, the carrier used for capital expenditures.

<8011> Uniendo a Puerto Rico Stage 2 Fixed – Available Funds Certification

Certify (either yes or no) regarding whether the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided starting the first July 1st after receiving support until the recipient's penultimate year of support.

<8012a> Uniendo a Puerto Rico Stage 2 Fixed – Community Anchor Institutions

Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.

<8012b> Please Provide Attachment

Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(e)(2)(A). Allowable File Types.

Name of Attached
Document Listing Required
Information

Uniendo a Puerto Rico Stage 2 Fixed – FCC Form 470 Postings

<8013> For the filing due July 1 following full implementation of this requirement answer yes, no, or not applicable to this certification request.

<8014> Uniendo a Puerto Rico Stage 2 Fixed – Post-Final Deployment Milestone Performance Certification

Starting the first July 1st after meeting the final service milestone, certify (yes or no) that the Uniendo a Puerto Rico Stage 2-funded network that the Stage 2 recipient operated in the prior year meets the relevant performance requirements in § 54.309.

<8020> Uniendo a Puerto Rico Stage 2 Fixed – Support Reimbursement Certification

54.313(n): Recipients of Uniendo a Puerto Rico Fund Stage 2 fixed support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Uniendo a Puerto Rico Fund.

<8030> Uniendo a Puerto Rico Stage 2 Fixed – Disaster Preparedness and Response Documentation

54.313(n): Recipients of fixed support from Stage 2 of the Uniendo a Puerto Rico Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

<8040> Uniendo a Puerto Rico Stage 2 Mobile – Support Reimbursement

54.313(n): Recipients of Uniendo a Puerto Rico Fund Stage 2 mobile support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Uniendo a Puerto Rico Fund.

<8050> Uniendo a Puerto Rico Stage 2 Mobile – Disaster Preparedness and Response Documentation

54.313(n): Recipients of mobile support from Stage 2 of the Uniendo a Puerto Rico Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

<8060> Uniendo a Puerto Rico Stage 2 Mobile – Mobile Disbursements Certification

54.313(o): Recipients of Uniendo a Puerto Rico Fund Stage 2 mobile support shall certify that they are in compliance with all requirements for receipt of such support to continue receiving Stage 2 mobile disbursements.

**(9005) Connect USVI Fixed and Mobile Funds Certification
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

December 2020

<010>	Study Area Code	249035
<015>	Study Area Name	Horry Telephone Cooperative
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Karen Pulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433698380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Karen.Pulmer@htcinc.net

<9010> Connect USVI Stage 2 Fixed – Capital Expenditures

Enter the total amount of Connect USVI Fund Stage 2 fixed support, if any, the carrier used for capital expenditures.

<9011> Connect USVI Stage 2 Fixed – Available Funds Certification

Certify (either yes or no) regarding whether the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided starting the first July 1st after receiving support until the recipient's penultimate year of support.

<9012a> Connect USVI Stage 2 Fixed – Community Anchor Institutions

Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.

Please Provide Attachment

<9012b> Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(e)(2)(i)(A).

Name of Attached
Document Listing Required
Information

Connect USVI Stage 2 Fixed – FCC Form 470 Postings

<9013> For the filing due July 1 following full implementation of this requirement answer yes, no, or not applicable to this certification request.

Connect USVI Stage 2 Fixed – Post-Final Deployment Milestone Performance Certification

<9014> Starting the first July 1st after meeting the final service milestone, certify (yes or no) that the Connect USVI Fund Stage 2-funded network that the Stage 2 recipient operated in the prior year meets the relevant performance requirements in § 54.309.

Connect USVI Stage 2 Fixed – Support Reimbursement Certification

<9020> 54.313(n): Recipients of Connect USVI Fund Stage 2 fixed support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Connect USVI Fund.

Connect USVI Stage 2 Fixed – Disaster Preparedness and Response Documentation

<9030> 54.313(n): Recipients of fixed support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

Connect USVI Fund Stage 2 Mobile - Support Reimbursement Certification

<9040> 54.313(n): Recipients of Connect USVI Fund Stage 2 mobile support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Connect USVI Fund. Recipients of mobile support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

Connect USVI Fund Stage 2 Mobile - Disaster Preparedness and Response Documentation

<9050> 54.313(n): Recipients of mobile support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and response documentation.

Connect USVI Fund Stage 2 Mobile - Mobile Disbursements Certification

<9060> 54.313(o): Recipients of Connect USVI Fund Stage 2 mobile support shall certify that they are in compliance with all requirements for receipt of such support to continue receiving Stage 2 mobile disbursements.

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
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<010> Study Area Code	249035
<015> Study Area Name	Horry Telephone Cooperative
<020> Program Year	2022
<030> Contact Name - Person USAC should contact regarding this data	Karen Fulmer
<035> Contact Telephone Number - Number of person identified in data line <030>	8433698380 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Karen.Fulmer@htcinc.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
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<010> Study Area Code	249035
<015> Study Area Name	Horry Telephone Cooperative
<020> Program Year	2022
<030> Contact Name - Person USAC should contact regarding this data	Karen Fulmer
<035> Contact Telephone Number - Number of person identified in data line <030>	8433698380 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Karen.Fulmer@htcinc.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>John Staurulakis, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: <u>John Staurulakis, Inc.</u>	
Name of Reporting Carrier: <u>Horry Telephone Cooperative</u>	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier: <u>249035</u>	Filing Due Date for this form: <u>07/01/2021</u>
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: <u>Horry Telephone Cooperative</u>	
Name of Authorized Agent Firm: <u>John Staurulakis, Inc.</u>	
Signature of Authorized Agent or Employee of Agent:	Date: <u>06/21/2021</u>
Name of Authorized Agent Employee: <u>Lans Chase</u>	
Title or position of Authorized Agent or Employee of Agent: <u>Director - Regulatory Affairs</u>	
Telephone number of Authorized Agent or Employee of Agent: <u>7705692015 ext.1</u>	
Study Area Code of Reporting Carrier: <u>249035</u>	Filing Due Date for this form: <u>07/01/2021</u>
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

Certify Filing Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
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<010>	Study Area Code	249035
<015>	Study Area Name	Morrey Telephone Cooperative
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Karen Pulmer
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433698780 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Karen.Pulmer@htcinc.net

I certify under penalty of perjury that no universal service support has been or will be used to purchase, obtain, maintain, improve, modify, or otherwise support any equipment or services produced or provided by any company designated by the Federal Communications Commission as posing a national security threat to the integrity of communications networks or the communications supply chain since the effective date of the designations

Please Provide Waiver Document
Allowable File Type (pdf only)

Name of Attached Document Listing Required
Information

Attachments

Horry Telephone Cooperative, Inc. (SAC 249035)**Line 610 – Description of Functionality in Emergency Situations**

During 2019, Horry Telephone Cooperative, Inc. (SAC 249035) (“Company”) became an awardee of CAF Phase II Auction support and initiated the process of the network buildout in its designated CAF-II Auction service area. The Company is designing its network to ensure that, once service to customers has been initiated, it will be able to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

[illegible]

Horry Telephone Cooperative, Inc. (SAC 249035)**Line 1010 – Description of Voice Services Rate Comparability**

Not applicable for 2020. During 2019, Horry Telephone Cooperative, Inc. (SAC 249035) (“Company”) became an awardee of CAF Phase II Auction support and initiated the process of the network buildout in its designated CAF-II Auction service area but has no customers and did not offer voice services in 2020.

Horry Telephone Cooperative, Inc. (SAC 249035)

Line 1030 – Broadband Services Rate Comparability Certification

Not applicable for 2020. During 2019, Horry Telephone Cooperative, Inc. (SAC 249035) became an awardee of CAF Phase II Auction support and initiated the process of the network buildout in its designated CAF-II Auction service area but has no customers and did not offer broadband services in 2020.

Horry Telephone Cooperative, Inc. (SAC 249035)**Line 1210 – Terms and Conditions of Voice Telephony Lifeline**

During 2019, Horry Telephone Cooperative, Inc. (SAC 249035) (“Company”) became an awardee of CAF Phase II Auction support and initiated the process of the network buildout in its designated CAF-II Auction service area. Once the network buildout progresses and customers are turned up, Company will provide information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers. Lifeline service rates and packages will be the same packages and rates offered to non-Lifeline customers before the Lifeline discount is applied.